ACI Exam Session Number: _____

Certification

Authorization for Release of Exam Scores

This form is used to authorize the release of exam scores (and resulting certification status) of ACI Certification examinees directly to a party other than themselves, as specified below:

Release results to (name of person/contact): _____

Group or company name: _____ Email: _____

By signing below, you agree to have your exam results released to the person and/or group or company listed above.

Examinee Name (please print)	Examinee Signature	Date

Return the completed form to ACI Certification:

Mail: ACI Certification Department, 38800 Country Club Dr., Farmington Hills, MI 48331

Email: aci.certification@concrete.org **|** **Fax:** (248) 848-3793